Indiana State Police Methamphetamine Laboratory Occurrence Report This form complies with the statutory requirement set forth in IC 5-2-15-3.

Date:	<u>04-28-11</u>	Address:	1600 W. Chippewa
Case #:	<u>11-6391</u>		, <u> </u>
County;	<u>Şt. Joseph</u>		
Type of Laboratory Seizure (cheek one)		Seizore Location (check all that apply)	
	onal Lab al/Glassware/Equipment (only) te (only)	Residence Dutbuilding Vehicle	☐ Hotel/Motel ☐ Open - No Structure ☐ Other:
Items Four	td: Location (bedroom, kitchen, open a	<u>ir,</u> etc)	Wooded area
(check all that apply) Lithium/Ammonia Reaction(s):			
Red Phosphorous/Iodine Reaction(s):			
Flammable Solvents:			
Water Reactive Metal (Lithium):			
Anhydrous Ammonia:			
Hydrochloric Acid Gas Generator(s):			
Corrosive Acid:			
⊠ Comosiv	e Base;		
Other (it	em and location):		
<u>Child under</u>	r age 18 discovered (check one)	Investigativa	Information
∐Yeş	(number present)	Investigative Information Ephedrine/Pseudoephedrine Tracking Log	
No *If you for two	ort to Child Process Cont	Retail/Merchant Tip	
	ort to Child Protective Services		form patrol
<u> This report</u>	is to be faxed to the following agen	cies that serve the lo	cation:
Fire Departm	nent: SBFD	Fax: <u>574-23</u>	<u>5-9305</u>
Health Department: <u>SJCHD</u>		Fax: 574-23	
Child Protect	tion Service: CPS	Fax: <u>574-23</u>	<u>5-5400</u>
For further information regarding this methamphetamine laboratory, contact investigating Officer: Sgt. Kathy Fulnceky Phone <u>574-235-9406</u>			
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This form is to be faxed to the Fire Department, Health Department and/or Child Protective Services Department listed within 24 hours of scene processing.

This form is to be included with the case file, and a copy sent to the Claudestine Laboratory Team Leader for retention,